ADDITIONALITY

capturing additional users in a health market

Metric: A program's contribution to the increase in family planning users at the national level.

Purpose of this briefing note:
Family Planning (FP) 2020 goals include expanding access to FP services to 120 million more women by 2020. In order to measure success in reaching this goal, we are encouraging all programs to use a standardized metric to demonstrate their contributions.

Intended audience: *Implementers, researchers, funders, or partners of programs that provide health services*

BACKGROUND

Social franchising is a model for organizing networks of private providers that deliver quality-monitored health services known to improve health or avert disease or disability. There are more than 70 social franchises offering health services in at least 40 countries.

Programs are attempting to measure additional users within their networks; however, many are still seeking the best method to accurately capture this data. We respond to this need by presenting a simple, easy to implement approach to additionality measurement.

Additionality is one of six essential goals put forward by the Metrics Working Group.

To learn more, visit m4mgmt.org.

Why additionality?

Social franchise programs seek to ensure that they contribute to the overall growth of the market—in the case of family planning (FP), this translates to increases in mCPR, or, increases in the total number of women using contraception. However, measuring an increase in volume of FP services provided is not enough. This is because a franchise network can see increases in these types of output indicators without this translating into national level changes. For example, they could be serving clients who previously used FP from outside the network, or their increase in 'new' clients could be too small to offset drops from clients who discontinued.

Rather, a comprehensive picture must be taken that looks at overall increases in the number of women using a contraceptive method provided by a social franchise network and where these increases are coming from. The measure of additional users does this by bringing together information about an individual's prior contraceptive use with modelling to understand how these individuals change the number of contraceptive users nationally.

Additional users is an aggregate concept that looks at increases in the total number of users from an agreed baseline, adjusting for substitution (so that you don't count growth that is simply taking market share from another provider) and replacement of users who discontinue contraception to ensure a net increase in users.
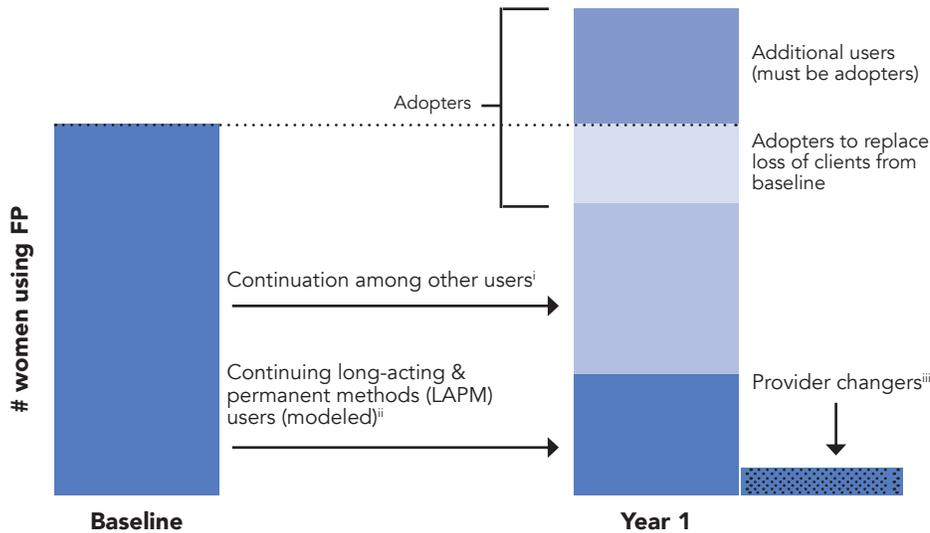
At the individual level: New or adopter?

There has been a significant amount of debate over who should be counted at an individual level when trying to understand additionality. Should we only look at a woman who has never used any FP method before? Or, do we include a woman who has recently switched methods? Or a woman who discontinued (for any number of reasons) and has now begun using a FP method again?

For the purposes of looking at additionality, members of the MWG have agreed to focus on FP "adopters," defined as: a client that receives FP services who was not previously using a modern FP method prior to receiving the service. This definition is designed to align with measures of mCPR, which are based on "current" use of contraception.[1]

Reaching additional users: Breaking down an organization's contribution across a one-year period

Additional users (must be adopters)

Adopters to replace loss of clients from baseline

Adopters

Continuation among other users[i]

Continuing long-acting & permanent methods (LAPM) users (modeled)[ii]

Provider changers[iii]

women using FP

Baseline   Year 1

[i]   Short-term methods (STM) users & LAPM users who need a removal/re-supply
[ii] LAPM users who are not being re-served in the following year
[iii] Provider changers are continuing users who are visiting a new provider; they do not count towards additional users

Source: Adapted from *Impact 2 Methodology Paper*

How do we measure additionality?

Marie Stopes International (MSI) created a model for estimating a program's contribution to reaching additional users: Impact 2. The model uses the below inputs to estimate the aggregate contribution of an organization to increasing the number of women using contraception nationally, in other words, "additional users."

- Service provision or sales data
- Client-use profile (% of clients who are (1) continuing to use an FP method from the program, (2) already using an FP method, but are new to the franchise ("provider changer"), and (3) adopters)

The service provision data is modelled into "users"—by accounting for continued use of LAPMs into future years, and, the number of short-term methods needed for a year of coverage. Then, these 'users' are modelled to estimate the number of additional users and the contribution of the program to increasing national mCPR from a baseline year.

1   Recent research demonstrates that specificity about a timeframe for lapsed use does not impact client answers. In previous guidance a three-month window was recommended, but new research indicates that simply asking, "before your visit today" will result in similar client responses and eliminate recall challenges. This updated practice better aligns with DHS format. When the DHS asks about current use, no time period is given, it is up to the respondent to decide if they consider themselves to be "currently" doing something to protect themselves from pregnancy.

MEASURE ADDITIONALITY WITH EASE

The MWG is advocating for programs to actively measure additionality using standardized tools across organizations in order to accurately capture progress towards FP2020 goals.

The Impact 2 model not only captures adopters, but also adjusts calculations based on drop-out of existing FP users as well as continuation of FP users that have previously sought services from other providers within the same network, allowing for more accurately measuring additionality. Other programs within the MWG have piloted the Impact 2 model within their programs and support the model for widespread useage.

Visit M4Mgmt.org to learn more about each of the six goals, the recommended metrics and how to measure performance.